

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR  DESIGN  PATENT APPLICATION  (37 CFR 1.63)</b>	Attorney Docket Number	580-B01.US
	First Name Inventor	Chris CATTERALL et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted With initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that :

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMMUNICATION CIRCUIT FOR A VEHICLE**

(Title of the Invention)

The specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto :

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States Provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/412,819	09-24-2002	

(Page 1 of 2)

Burden Hour Statement : This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION - Utility or Design Patent Application**

Direct all correspondence to :

☐ Customer Number  
or Bar Code LabelOR ☒ Correspondence address below

Name

**Mr. Chris CATTERALL**

Address

**C/o PROTECTIONS EQUINOX INT'L INC.**

Address

**4480 Cote-de-Liesse, Suite 224**

City

**Montreal**

State

**QBC**

ZIP

**H4N 2R1**

Country

**Canada**Telephone **(514) 739-6770**Fax **(514) 733-4424**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

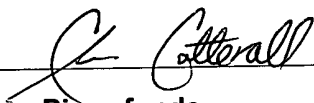
☐ A petition has been filed for this unsigned inventor.

Given Name

(first and middle [if any])

**Chris**Family Name  
or Surname**CATTERALL**

Inventor's Signature



Date

**19 Sept, 2002**

Residence City

**Pierrefonds**State **QBC**Country **Canada**Citizenship **CDN**

Post Office Address

**4268 Harold Ave.**

Post Office Address

City

**Pierrefonds**State **QBC**ZIP **H9H 5G3**Country **Canada**

NAME OF SECOND INVENTOR :

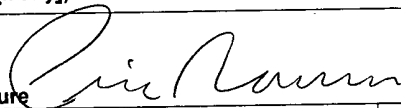
☐ A petition has been filed for this unsigned inventor.

Given Name

(first and middle [if any])

**Pierre**Family Name  
or Surname**ROUSSEAU**

Inventor's Signature



Date

**19 SEPT, 2002**

Residence City

**Laval**State **QBC**Country **Canada**Citizenship **CDN**

Post Office Address

**1143 Des Azalees**

Post Office Address

City

**Laval**State **QBC**ZIP **H7Y 2C8**Country **Canada**Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>1</u> .
--------------------	---

Name of Additional Joint Inventor, if any :		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Give Name (first and middle [if any])		Family Name or Surname					
<b>Sebastien</b>		<b>BOUTHILLIER</b>					
Inventor's Signature <i>Sebastien Bouthillier</i>		Date <i>11 sept 2002</i>					
Residence : City	<b>Les Coteaux</b>	State	<b>QBC</b>	Country	<b>Canada</b>	Citizenship	<b>CDN</b>
Post Office Address <b>153 rue J.E. Jeannotte</b>							
Post Office Address							
City	<b>Les Coteaux</b>	State	<b>QBC</b>	ZIP	<b>J7X 1A2</b>	Country	<b>Canada</b>

Name of Additional Joint Inventor, if any :		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Give Name (first and middle [if any])		Family Name or Surname					
<b>Anick</b>		<b>GRAVEL</b>					
Inventor's Signature <i>Anick Gravel</i>		Date <i>19-09-2002</i>					
Residence : City	<b>Vaudreuil Dorion</b>	State	<b>QBC</b>	Country	<b>Canada</b>	Citizenship	<b>CDN</b>
Post Office Address <b>41 Du Domaine</b>							
Post Office Address							
City	<b>Vaudreuil Dorion</b>	State	<b>QBC</b>	ZIP	<b>J7V 2S1</b>	Country	<b>Canada</b>

Name of Additional Joint Inventor, if any :		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Give Name (first and middle [if any])		Family Name or Surname					
<b>Ishak</b>		<b>JAMA</b>					
Inventor's Signature <i>Ishak Jama</i>		Date <i>19-09-2002</i>					
Residence : City	<b>Montreal</b>	State	<b>QBC</b>	Country	<b>Canada</b>	Citizenship	<b>CDN</b>
Post Office Address <b>5650 De Salaberry #14</b>							
Post Office Address							
City	<b>Montreal</b>	State	<b>QBC</b>	ZIP	<b>H4J 2G7</b>	Country	<b>Canada</b>

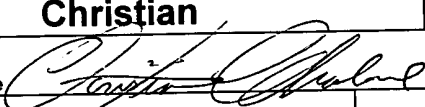
Burden Hour Statement : This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.

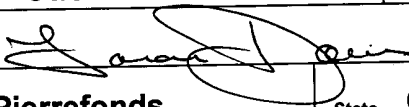
Please type a plus sign (+) inside this box ☒

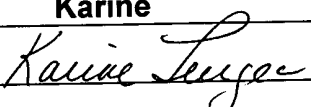
PTO/SB/02A (11-00)

Approved for use through 10/31/2002 OMB 0651-0032  
Patent and Trademark Office : U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>1</u>
--------------------	---

Name of Additional Joint Inventor, if any :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Give Name (first and middle [if any])		Family Name or Surname	
Christian		CHALOUX	
Inventor's Signature 		Date 19 sept 2002	
Residence : City	Laval	State	QBC
		Country	Canada
		Citizenship	CDN
Post Office Address 94 Ave Desmarteau			
Post Office Address			
City	Laval	State	QBC
		ZIP	H7N 3N3
		Country	Canada

Name of Additional Joint Inventor, if any :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Give Name (first and middle [if any])		Family Name or Surname	
Jason		DAUNAIS	
Inventor's Signature 		Date 19 sept 2002	
Residence : City	Pierrefonds	State	QBC
		Country	Canada
		Citizenship	CDN
Post Office Address 17324 rue Julie #16			
Post Office Address			
City	Pierrefonds	State	QBC
		ZIP	H9J 3L2
		Country	Canada

Name of Additional Joint Inventor, if any :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Give Name (first and middle [if any])		Family Name or Surname	
Karine		TURGEON	
Inventor's Signature 		Date 19 sept 2002	
Residence : City	St-Lazarre	State	QBC
		Country	Canada
		Citizenship	CDN
Post Office Address 1282 493 Pine Ridge			
Post Office Address			
City	St-Lazarre	State	QBC
		ZIP	J7T 2M7
		Country	Canada

Burden Hour Statement : This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO : Assistant Commissioner for Patents, Washington, DC 20231.